

CERTIFICATION OF OBSERVATION / DRIVING QUALIFICATIONS

Name (appearing on driver's license)_____ Last 4 Digits Of SSN# _____

I hereby certify that the aforementioned driver has satisfactorily completed the required four (4) hours of on-bus observation time and eight (8) hours of on-bus operation time, under the supervision of an Indiana certified school bus driver.

This form must be returned within one year from the date of initial attendance at a preservice class.

The undersigned certifies, under penalties for perjury, that this report is true and accurate in every respect to the best of his/her knowledge and belief.

Location of Preservice Training

Employer

Date of Preservice Training

Administrator Signature and Printed Name

| Date mm/dd/yy | Observation Hours | Driving Hours | Activity: route;field trip,etc. | Passengers On-Board Yes or No | Supervising Driver Printed Name and last 4 digits of SSN# |
|------------------|----------------------|------------------|------------------------------------|-------------------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

This form may be returned by mail, facsimile, or E-mail.